

<b>DEPARTMENT:</b> Regulatory Compliance Support	<b>POLICY DESCRIPTION:</b> HIM/HSC: Reimbursement of Professional Examination Fee to Obtain Credentials
PAGE: 1 of 2	<b>REPLACED POLICY DATED:</b> 3/6/98, 4/16/99, 8/1/00, 6/1/02 (HIM.COD.007), 3/6/06, 5/15/12
EFFECTIVE DATE: December 1, 2013	REFERENCE NUMBER: REGS.COD.007
APPROVED BY: Ethics and Compliance Policy Committee	

**SCOPE:** All Company personnel responsible for performing, supervising, or monitoring coding of inpatient or outpatient services and other health information management functions.

**PURPOSE:** To encourage all individuals involved in the coding process and other health information management related functions to pursue and obtain credentials.

**POLICY:** The Company will reimburse the examination fee for an examination to obtain credentials that has been successfully completed related to the Health Information Management Service Center (HSC) functions, including but not limited to Certified Coding Specialist (CCS), Certified Professional Coder (CPC), Certified Professional Coder- Hospital (CPC-H), Registered Health Information Administrator (RHIA), Registered Health Information Technician (RHIT), Certified Coding Specialist-Physician Office (CCS-P), and Certified Coding Associate (CCA).

## PROCEDURE:

- 1. A request must be submitted to the Director of Health Information Management Department/Service Center (HIM Director or HSC Coding Director), or direct supervisor prior to taking the examination (see Attachment A, Part I).
- 2. The HIM Director, HSC Coding Director, or direct supervisor must complete Attachment A, Part II to verify that the examination is pertinent to the individual's HIM/HSC position and job function.
  - a. Examples of health information management relevant credentials include, but are not limited to: RHIA, RHIT, CCS, CPC, CPC-H, CCS-P, and CCA.
  - b. If the examination/credentials are not listed above, the final decision of the relevance of the examination is based upon the discretion of the HIM/HSC Coding Director or direct supervisor.
  - c. Reimbursement of examinations/credentials of part-time or PRN employees will be at the discretion of the HIM/HSC Coding Director or direct supervisor.
- 3. Attachment A with completed Parts I and II will be returned to the individual requesting reimbursement for the examination fee.
- 4. The individual must complete the examination to obtain credentials.
- 5. Upon written notification of successful examination completion, the individual will forward a copy of Attachment A with Part III completed, including notification of successful completion and proof of examination fee to the HIM Director, HSC Coding Director, or direct supervisor.



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- 6. The HIM Director, HSC Coding Director, or direct supervisor will submit Attachment A and any additional documentation required by facility accounting procedures to ensure reimbursement for the examination fee.
- 7. The HIM Director, HSC Coding Director, or direct supervisor will maintain a copy of Attachment A and any additional documentation in the employee's education file.
- 8. The examination fee will NOT be reimbursed if the individual does not successfully pass the examination.
- 9. Reimbursement will occur when the following conditions are met:
  - a. Individual is employed by the facility/HSC prior to taking the examination;

#### And

 Individual is employed by the facility/HSC upon receipt of examination fee reimbursement;

#### And

- c. Individual has successfully completed the employment probationary period.
- 10. Regulatory Compliance Support and/or Parallon Business Performance Group will monitor the education files.

## **REFERENCES**:

## Sample

# ATTACHMENT A REIMBURSEMENT OF PROFESSIONAL EXAMINATION FEE

**Part I** To be completed by the individual requesting reimbursement for cost of Health Information Management/Service Center (HSC) related examination prior to taking the examination.

Date:	Name:
Position:	Facility/HSC:
Name of Examination:	Cost of Examination: \$
Proposed Credentials:	Date of Examination:
How does this examination/credential ap	
<b>Part II</b> To be completed by the Health In supervisor.	formation Management Director, HSC Coding Director, or direct
(HIM/HSC Director/Supervisor)	the above listed examination/credential is pertinent to ealth Information Management/Service Center related.
Checked Proposed Credentials: RHIT RHI, CPC-H CCS CCA Other: (Explain)	SCCS-P
Signature <b>To be returne</b>	Date d to individual requesting reimbursement
Part III To be completed by individual re	equesting reimbursement.
Today's Date:	
I,, c above mentioned examination on	ertify that I have taken and successfully completed the (date) (Signature)
Submit with this document: 1) Written no and 2) written verification of cost of exam	otification of successful completion/passing of examination, ination ( <i>i.e.</i> , application for exam).

A copy of this form and all attachments will be retained in the Employee's Department Education File